

CANCER REPORT

PLEASE TYPE OR PRINT

NEW

□ UPDATE

[illegible]

31. GENERAL SUMMARY STAGE <div style="display: flex; justify-content: space-between; font-size: small;"> 0 – IN SITU 2 – REGIONAL DIRECT EXT 4 – REGIONAL DIRECT & REGIONAL NODES 7 – DISTANT/SYSTEMIC 9 – UNKNOWN/UNSTAGED </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 1 – LOCALIZED 3 – REGIONAL NODES 5 – REGIONAL NOS 8 – BENIGN </div>					
32. AJCC STAGE AJCC EDITION ____ CLINICAL: T ____ N ____ M ____ STAGE GROUP ____ DESCRIPTOR ____ PATHOLOGICAL: T ____ N ____ M ____ STAGE GROUP ____ DESCRIPTOR ____					33. CS TUMOR SIZE (MM)
34. CS EXTENSION ____ ____	35. CS TUMOR SIZE/EXT EVAL ____	36. CS LYMPH NODES ____ ____	37. CS REG NODES EVAL ____	38. CS REG LN POS ____ ____	39. CS REG LN EXAM ____ ____
40. CS METS AT DIAGNOSIS ____ ____	41. CS METS EVAL ____	42. CS SITE SPECIFIC FACTOR 1 ____ ____ ____	43. CS SITE SPECIFIC FACTOR 2 ____ ____ ____	44. CS SITE SPECIFIC FACTOR 3 ____ ____ ____	
45. CS SITE SPECIFIC FACTOR 4 ____ ____ ____		46. CS SITE SPECIFIC FACTOR 5 ____ ____ ____		47. CS SITE SPECIFIC FACTOR 6 ____ ____ ____	48. DATE FIRST THERAPY INITIATED (MM/DD/YYYY)
49. REASON NO SURGERY <div style="display: flex; justify-content: space-between; font-size: small;"> 0 – CANCER DIRECTED SURGERY WAS PERFORMED 2 – CONTRAINDICATED, INCLUDING AUTOPSY ONLY 7 – PT/GUARDIAN REFUSED 9 – UNKNOWN </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 1 – NOT RECOMMENDED 6 – UNKNOWN REASON, NO SURGERY 8 – SURGERY RECOMMENDED, UNKNOWN IF DONE </div>					
50. FIRST COURSE OF CANCER DIRECTED THERAPY – DESCRIBE ALL AND GIVE DATE FOR EACH THERAPY IF AVAILABLE					
51. VITAL STATUS 0 – DEAD 1 – ALIVE 2 – UNKNOWN ____	52. IF DECEASED		53. FACILITY		54. DATE ABSTRACTED (MM/DD/YYYY)
	52a. STATE OF DEATH	52b. DATE OF DEATH (MM/DD/YYYY)	55. ABSTRACTOR NAME		56. ABSTRACTOR TELEPHONE NUMBER

To be completed in conformance with the Cancer Reporting Manual issued by the Department. Authority, Completion and Penalties as specified by Act 82 of 1984.

Name and Address of Physician to contact for more information:

Please return to:
 Michigan Cancer Surveillance Program
 201 Townsend - 2nd Floor
 P.O. Box 30691
 Lansing, MI 48909

****STATE REGISTRY USE ONLY****

	SURG	RAD	SURG/RAD/SEQ	TRANS/ENDO	SYSTEMIC	CHEMO	HRMN	BRM	OTH
CODE					N/A				
DATE			N/A	N/A					